

Quick Reference Guide: Front Line Reporter Customized for LAC-DMH

This Quick Reference Guide will assist a Front Line Reporter with entering a new event in Safety Intelligence™

DISCLAIMER: All data displayed on screens is fictitious and does not reflect actual patient data or actual user names.

Any similarity is purely coincidental. Note: DOP=Directly-operated; Program CAP=Contract Agency Program

Accessing UHC Safety Intelligence™

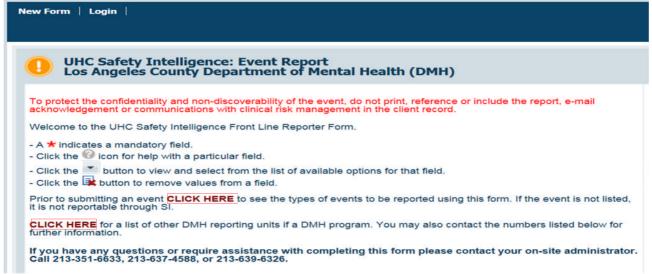
The testing environment form can be accessed at https://testsafetyintelligence.lacounty.gov/DMH/ or https://testsafetyintelligence.lacounty.gov/DMH/index.php?action=login Click on "New Form" in the upper right hand corner. Note that front-line users who are not managers, designees or consultants do not log in to enter events. The Live site, which should not be used until June 1 for DOPs is for entering actual events. Click the SI icon



in "web applications", the last link on the rt. side of the intranet homepage for DOPs; CAPs-Provider Page on DMH internet.

Features of the form:

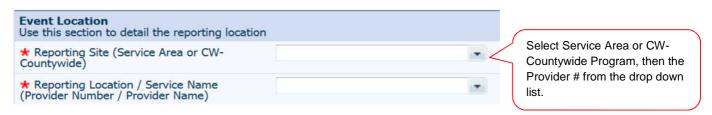
Before you begin, note the information at the top of the form shown below which is self-explanatory. The information in red font about protecting the confidentiality of the information is very important as it can impact the discoverability of the information in the entire system. The 2 outlined hyperlinks below open attachments to reporting guides so that only applicable events are reported in SI. Although events can be rejected by clinical risk management, they cannot be removed from SI.



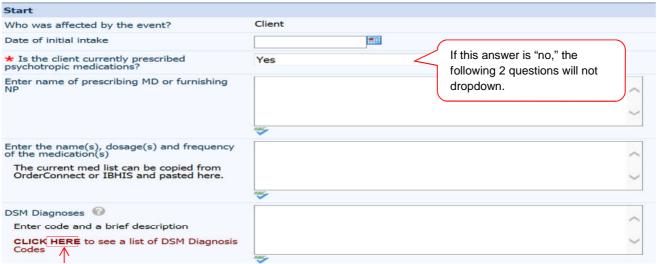
Entering an Incident in UHC Safety Intelligence™

NOTE: Please be aware that the form will time out after 30 minutes of inactivity and you will lose any data previously entered. By clicking in a text box or selecting a drop down, you will reset the timer.

1. Event Location: This is the identifying section for you as the reporting provider. Start with the Service Area or Countywide program from the dropdown list. The associated provider numbers will be listed in the Reporting Location sections. Alternatively you can start typing the provider number in this section and it will pop up.

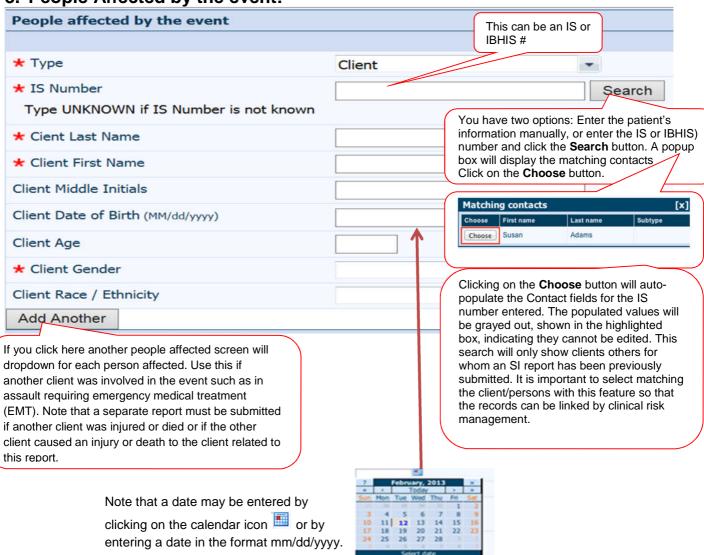


2. The Start Section:



Note hyperlink to DSM codes that are the same as in IBHIS.

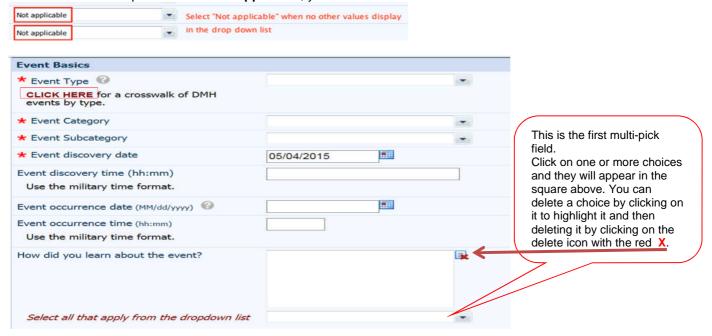
3. People Affected by the event:



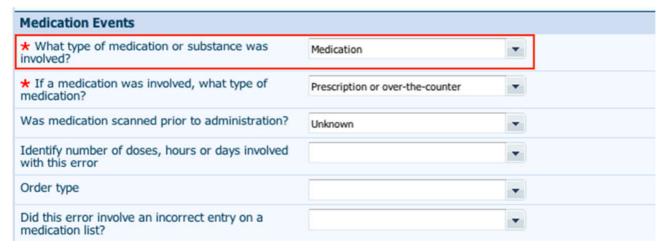
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4. Event Basics:

Under **Event Basics**, select an **Event Type** for the Incident. Refer to the DMH Crosswalk (Attachment 1) for assistance in determining the new 14 SI event types and the associated category and subcategory. You can also search for event types by starting to type in the dropdown box. This will work in any dropdown field. Note that all 3 fields for event type require a selection. Starting with **Event Type**, entries for subsequent fields will filter based on the previous selection. When the only value listed in the drop down list is **Not Applicable**, you must select it.



5. Entering medication-related events will also open new sections with relevant questions. Selecting **Medication** as the type of medication or substance involved will open the **Drug information** section. The **Drug information** section features a **Search** capability for the prescribed medication, similar to the patient name search. Entering at least four characters of the drug name and clicking **Search** will produce a list of drugs.



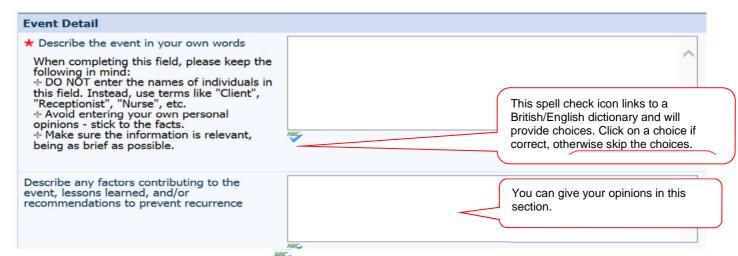
Click on the **Choose** button next to the desired drug, and the fields will auto populate for that drug. The auto-populated fields are not editable. Follow the same process for adding the drug administered. Click **Add Another** to add a second drug.

Alternatively, the **Search** feature can be bypassed and the fields can be manually populated by selecting an entry from the drop down list for each field.



6. Event Detail Section: Enter narrative about the incident.

- a. Avoid entering your own personal opinions, stick to the facts
- b. There is no character limit, but make sure the information is relevant and be as succinct as possible
- c. DO NOT enter the names of individuals in this field. Instead, use terms like "client", "receptionist", "nurse", etc.



The spell check feature is designated by the vicon. After typing your text, click on the spell check icon. Any misspelled words will be highlighted in red. Click on the highlighted word, and a list of suggested corrections will display. Click on the correct spelling.

NOTE: You must click the 🔟 icon to end use of spell check and to be able to continue entering text.



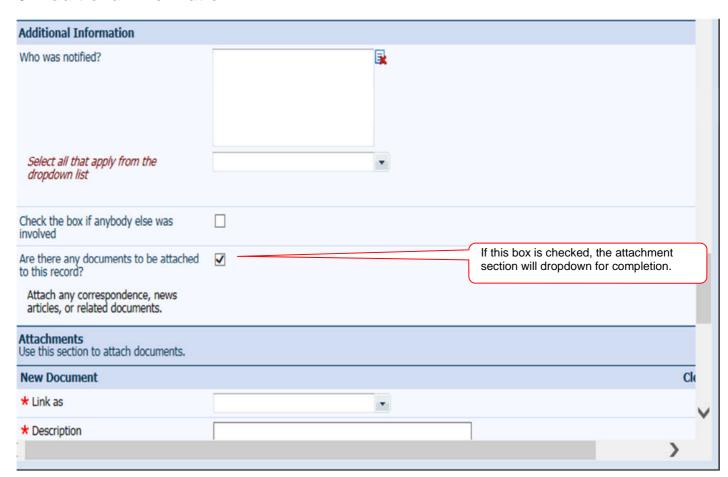
7. Determining the Harm Score

This section is required in order to maintain the federal protections from discovery that the SI system offers and will take some getting used to. Because most reported events do not occur at the clinic site or while providing services, the directions on the form instruct you how to complete the 3 related fields.

If the event did occur at the site or while providing services, you will click on the down arrow for extent of harm and the choices are explained. From there the related harm score and other 2 questions will follow.



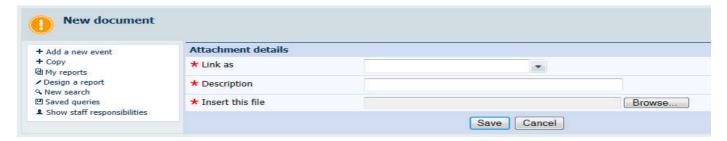
8. Additional Information



9. Attachments

You may attach any type of document; however, be mindful of the size of the document. Larger documents will take time to upload and will fill up server space. Your local IT administrators may also limit the file types that can be attached.

In the **Link as** field, you can designate if the document should be OPEN (visible to all managers) or SECURE (visible only to you and DMH Clinical Risk managers). Be sure to type a brief description so the manager or consultant will know what is included in this document. At the **Insert this file** prompt, click on **Browse** to navigate to upload the document.

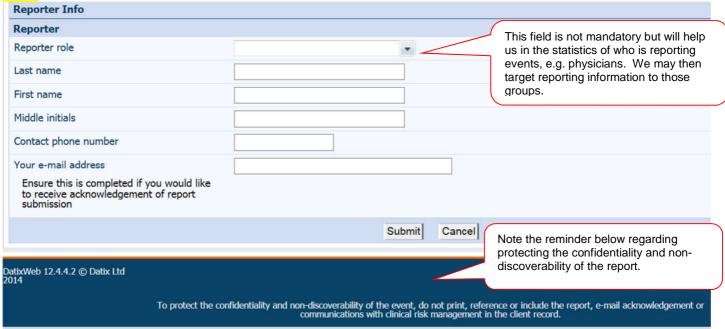


NOTE: By attaching a document, you are attaching a copy of the original document. If the source document is updated, this copy within the event report will <u>not</u> automatically update. You will need to add the updated attachment.

10. Reporter Info

Enter your contact information under **Reporter Info**. While the fields may not be mandatory, it is highly recommended that you enter your contact information so that your patient safety manager can contact you for additional details.

When you have finished, click the **Submit** button. If you entered your e-mail address, you will receive e-mail confirmation that the incident has been submitted. The incident will then be routed to the appropriate department managers for review. However, note the instructions below and at the beginning that the form should not be printed and that the e-mail acknowledgement should not be filed in the client record or any note entered that references the report or fact it was completed. This protects the information in the entire system from discovery should legal issue arise surrounding the event.



Entry of an event is now complete. You can add additional events by clicking the Add another record button.



11. The clear feature: In any section of the form, this feature allows you to clear all information in the section and start over.





Attachment 1 DMH Event Reporting Crosswalk



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	SI Reporting Categories	Prior #	SI Event Type	SI Event Category	SI Select Option	SI Event Subcategory
1.	Death - Unknown Cause;	1	Other/ miscellaneous	Other (Other/misc)	Death - unknown cause	Not applicable
2.	Death - Suspected or Known Cause Other Than Suicide;	2	Other/ miscellaneous		Death - suspected or known cause other than suicide	Not applicable
3.	Death - Suspected or Known Suicide;	3	Behavioral event	Suicide or suicide attempt	Completed Suicide	Not applicable
4.	Suspected or Known Suicide Attempt Requiring Emergency Medical Treatment;	4	Behavioral event	Suicide or suicide attempt	Suicide Attempt	Not applicable
5.	Client Self-injury Requiring Emergency Medical Treatment (not suicide attempt);	5		Client self-injury requiring EMT (not suicide attempt / gesture)	Field not present	Not applicable
6.	Client Injured Another Person Who Required Emergency Medical Treatment;	6	Behavioral event	Assault	Field not present	Assault by client - victim required EMT
7.	Suspected or Alleged Homicide by Client;	7	Behavioral event	Assault	Field not present	Assault by client - resulting in death of victim (alleged or suspected homicide)
8.	Medication Error Requiring Emergency Medical Treatment;	8	Medication Related	· · ·	Chose response from dropdown	Field not present
9.	Suspected or Alleged Inappropriate Interpersonal Relationship With Client by Staff;	9		Suspected or Alleged Inappropriate Interpersonal Relationship With Client by Staff	·	Field not present
10.	Threat of Legal Action;	10	Other/ miscellaneous	Other (Other/misc)	Threat of Legal Action	Not applicable
11.	Client assaulted by another client requiring emergency medical treatment;	5		Client assaulted by another client requiring EMT	Field not present	Not applicable
12.	Adverse Drug Reaction Requiring Emergency Medical Treatment	8		Adverse drug reaction requiring EMT (not med error /not preventable)	Field not present	Not applicable
13.	Alleged Assault by Staff Member To Client	Ne w	Behavioral event	Assault	Field not present	Assault by staff member to a client
14.	Inaccurate or Absent Laboratory Data Resulting in a Client Requiring Emergency Medical Treatment.			Inaccurate/absent laboratory data resulting in client requiring EMT	Field not present	Not applicable

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Attachment 2 DMH EVENT REPORTING						
Please refer to the DMH Intranet Home Page, next to the last link (Accident_Incident_Complaint_Contact_List) for the latest contact information and reporting instructions.						
INCIDENT/EVENT CATEGORY	CONTACT					
1.0 AUTOMOBILE ACCIDENTS 1.1COUNTY VEHICLE ACCIDENTS 1.2 MILEAGE PERMITTEE VEHICLE ACCIDENTS while driving on County business	Administrative Support Bureau (ASB)					
2.0 BUILDING EMERGENCY COORDINATOR (BEC) for 550 S. VERMONT	ASB					
3.0 COMPLIANCE ISSUES: Potential compliance violations/billing improprieties.	Compliance Privacy and Audit Services Bureau (CPAS)					
4.0 ALLEGED EMPLOYEE MISCONDUCT /DISCRIMINATION COMPLAINTS	Human Resources Bureau (HRB) Performance Management Unit					
5.0 EMPLOYEE WORK-RELATED INJURIES OR ILLNESS	HRB Leave Management Unit					
6.0 HEALTH & SAFETY INCIDENTS/ISSUES 6.1 Examples: Workplace violence, THREATS of or violence by clients/staff, possible exposure to communicable diseases, if 911 was called or any other	HRB Health & Safety (H&S) Office					
7.0 SECURITY ISSUES, SHERIFF SECURITY OFFICER OR CONTRACT SECURITY GUARD MATTERS	ASB Security Services Coordinator					
8.0 CLIENT OR VISITOR FALLS/SLIPS OR ACCIDENTS/INJURIES/PROPERTY DAMAGE TO COUNTY FACILITIES	ASB					
9.0 FOR URGENT SAFETY HAZARDS, i.e. A RIP IN THE CARPET, FLOOD OR WATER DAMAGE	ASB-Contact by phone					
10.0 CLINICAL EVENTS RE CLIENTS REPORTED THROUGH SAFETY INTELLIGENCE: 1. Death - Unknown Cause; 2. Death - Suspected/ Known Cause Other Than Suicide; 3. Death - Suspected/ Known Suicide; 4.Suspected/ Known Suicide Attempt Requiring Emergency Medical Treatment (EMT); 5.Client Self-injury Requiring EMT (not suicide attempt); 6. Client Injured Another Requiring EMT; 7. Suspected or Alleged Homicide by Client; 8. Medication Error Requiring EMT; 9. Suspected/ Alleged Inappropriate Interpersonal Relationship With Client by Staff; 10; Threat of Legal Action; 11.Client assaulted by another client requiring EMT; 12. Adverse Drug Reaction Requiring EMT 13.Alleged Assault by Staff Member 14.Inaccurate/ Absent Laboratory Data Resulting in a Client Requiring EMT. 10.2 SUMMONS RECEIVED BY STAFF RELATED TO CLIENT CARE	Clinical Risk Management Office.					
11.1 CLIENT COMPLAINTS/GRIEVANCES 11.2 HIPAA PRIVACY COMPLAINTS-CLIENTS CONCERNS about the use and disclosure of protected health info (PHI)	Patients' Rights Office (PRO)					
12.0 HIPAA PRIVACY COMPLAINTS-STAFF Questions on policies applicable to PHI including Use/Disclosure, Safeguarding, and Breaches	HIPAA Privacy Office					
13.0 HIPAA SECURITY questions/ possible violations, e.g. encryption of PHI	Chief Information Bureau					
14.0 CLINICAL RECORDS/PHI: SUBPOENAS/DEPOSITIONS OF STAFF TO TESTIFY RE TX; SUBPOENAS OF CLINICAL RECORDS, OR TO CONSULT RE RELEASE OF CLINICAL RECORDS/PHI	Health Information Management					
15.0 UNUSUAL OCCURRENCES REGARDING PATIENTS IN INPATIENT FACILITIES	LPS Designation Coordinator or PRO					

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